Fort Riley - Soldier Well-Being Checklist/ Risk Assessment (Will be completed at least monthly; also required if significant changes occur)

| Rank/Name of Soldier | Unit/Date | Rank/Name of Supervisor |
|----------------------|-----------|-------------------------|

| Question | Yes | No | Action |
|---|------|-----------|--|
| FINANCIAL PROBLEMS | 162 | 140 | Action |
| | | 1 | |
| *Has the soldier had significant financial | | | Refer soldier first to unit command financial advisor or if necessary refer |
| difficulties/had trouble paying bills or had | | | to Army Community Service, Financial Readiness Program. |
| a major change in financial situation? Has the soldier had a "no-pay due" within | | | Determine the reason and assess the impact; refer to unit command |
| the last 6 months? | | | financial advisor; 1SG and Co Cdr ensure timely fix. |
| | DEL | A CIDITAL | |
| ALCOHOL AND OTHER DRUG | KEL | AIL | |
| *Has the soldier been involved in an alcohol or drug related incident within the last 6 months? | | | Refer to Army Substance Abuse Program (ASAP) at time of incident. Closely monitor soldier's progress in the program. |
| Has the soldier ever tested positive on a | | | Monitor closely for any signs of recurrence. |
| urinalysis or has the soldier ever been | | | Weiller dioodly for any digite of rooutionoo. |
| enrolled in the Army Substance Abuse | | | |
| Program? | | | |
| Has the soldier ever used drugs or alcohol to deal with a life situation? | | | Refer to Army Substance Abuse Program for evaluation. |
| SUICIDAL GESTURES & OTHE | R ST | RES | SORS |
| *Has the soldier experienced serious | | | Refer to unit chaplain (gatekeeper); assign a "battle buddy;" monitor |
| concern (agitation, withdrawal, grief) | | | behavior continuously. |
| regarding combat/events while deployed | | | |
| or at other times? | | | Marken alasah |
| Has the soldier been counseled through Community Mental Health Services in | | | Monitor closely. |
| past 24 months? | | | |
| Does the soldier appear to be a "loner"? | | | Assign battle buddy; monitor closely; refer to unit chaplain (gatekeeper). |
| Has the soldier had problems sleeping? | | | Refer to unit chaplain (gatekeeper). |
| *Has the soldier expressed excessive | | | Refer to unit chaplain (gatekeeper). |
| anger or seemed sullen and withdrawn | | | 1 (0 1) |
| within the past 12 months? | | | |
| *Has the soldier expressed any suicidal | | | Immediately refer to Community Mental Health. Do not leave the soldier |
| thoughts or actions? | | | alone. If soldier owns a firearm, order that it be stored in unit arms room. |
| DOMESTIC ISSUES | | | |
| *Has the soldier experienced a break-up | | | Refer to unit chaplain (gatekeeper). |
| in marriage/relationship in the past year or | | | Note: to drift ortapiant (gatokeeper). |
| suffered the loss of significant other? | | | |
| Has the soldier been involved in any | | | Review domestic violence policies with soldier. If convicted of an offense, |
| incidents of domestic violence within the | | | must be assigned to TDA position where there is no access to firearms. |
| last 24 months? | | | |
| *Has the spouse or other family member | | | Refer to unit chaplain (gatekeeper). |
| expressed concern about the soldier's | | | |
| return home or behavior? Does the soldier have an exceptional | | | Determine circumstances and impact on soldier and the family. Assess |
| family member? | | | how well the soldier is coping and refer to unit chaplain if necessary. |
| MEDICAL ISSUES | | | The state of the second of the state of the |
| Has soldier/family member been involved in | | | Assess how well soldier is coping and refer to unit chaplain (gatekeeper) if |
| a serious accident, suffered a wound in | | | soldier shows any signs of difficulties in coping. |
| combat, or become seriously ill in the last 12 | | | |
| months? | | | |
| Is the soldier taking any medications that may affect behavior/mood or ability to | | | Stress the importance of following the health care provider's instructions and the importance of reading and adhering to medication warnings/ |
| drive? | | | instructions; pay particular attention to warnings about mixing with alcohol. |
| - · · - · | | 1 | 1 The state of the |

^{*} Yes answer in this section automatically increases the "Safety Risk" to HIGH and mandates review by Platoon Leader, 1SG and Company CDR to determine appropriate risk mitigation plan

ANNEX A (SOLDIER WELL BEING CHECKLIST/RISK ASSESSMENT) TO FORT RILEY OPORD 04-14 (SOLDIER WELL-BEING CHECKLIST/RISK ASSESSMENT)

| Question | Yes | No | Action |
|---|------|-----|---|
| ACCIDENTS/POV/POW/HIGH R | RISK | ACT | IVITIES |
| Is the soldier planning on leaving the Fort Riley area while on leave or pass? | | | Determine where/how long? Will soldier be driving alone? Require soldier to submit travel and rest plans if traveling over 250 miles; do not permit soldiers to depart on an extended drive after a full workday. |
| *Does the soldier own a motorcycle/ATV/ MOPED/motorized scooter? | | | Ensure soldier has completed mandatory training and adheres to Ft Riley policy. Order soldier not to drive the motorcycle if training is not complete. |
| *Does the soldier intend to purchase a motorcycle etc? | | | Order soldier not to drive the motorcycle on or off post until mandatory training is completed. Schedule the soldier for training. |
| Has the soldier received a traffic citation or been involved in any type of accident in the past year? | | | Discuss nature of accident and contributing factors. Counsel soldier on the importance of following procedures/developing good habits. |
| Has the soldier exhibited any reckless behavior or taken shortcuts (not following instructions or procedures) that could lead to an accident? | | | Determine the nature and extent of any reckless behavior. Counsel soldier on the importance of following procedures/developing good habits. |
| Does the soldier own a Privately Owned Weapon (POW)? | | | Ensure POW is registered. Counsel soldier on the importance of proper firearm storage. |
| Does the soldier ever fail to use a seatbelt or other personal protective equipment? | | | Counsel soldier in writing on seatbelt use/use of personal protective equipment. |
| Does the soldier own a Privately Owned Vehicle (POV)? | | | Determine if the soldier's POV is registered on Fort Riley. Determine if insurance, license and unit inspection are current. Take corrective action as required. |
| DUTY PERFORMANCE/CAREE | R | | |
| Has the soldier been AWOL in the last year? | | | Educate soldier on opportunities in the Army, reenlistment incentives, and benefits of honorable discharges. |
| Has the soldier been denied promotion or reenlistment for any reason? | | | Counsel soldier on performance and develop action plan IAW with established goals. |
| Is the soldier's GT score below 90? | | | Enroll in BSEP/counsel on impact on Re-up and tuition assistance. |
| Has the soldier been counseled for poor performance, or had an act of indiscipline in the past year? | | | Closely monitor soldier's duty performance. |
| Has the soldier failed to meet any military requirement/standard (e.g. PT, weight control, weapons qualification etc)? | | | Develop and Implement a plan of action to meet the requirement/ standard. Closely monitor the soldier's progress. Determine how well soldier is coping and refer to unit chaplain (gatekeeper) if required. |
| Has the soldier had any serious encounters with the chain of command or other officials in the past year? | | | Determine the nature of the incident and determine if there are any patterns. |

* Yes answer in this section automatically increases the "Safety Risk" to HIGH and mandates review by Platoon Leader, 1SG and Company CDR to determine appropriate risk mitigation plan

Well-Being Rating

| | | 9 |
|-------------|--------------|------------------------------------|
| Safety Risk | #YES Answers | Review Level |
| LOW | 0 to 2 | Squad Leader/Section Chief |
| MODERATE | 3 to 4 | Platoon Sergeant or Platoon Leader |
| HIGH | 5 or Higher | First Sergeant or Commander |

ALL SOLDIERS WILL INITIALLY BE COUNSELED AND ASSESSED BY THEIR FIRST LINE SUPERVISIOR

| Soldier's Signature | Date of Assessment | Section Chief's Signature |
|-------------------------------|------------------------------|---------------------------|
| Platoon Leader or Sergeant Re | emarks/Recommendations: | |
| Soldier's Signature | Plt Sgt/Ldr Signature & Date | 1SG/Cdr Signature & Date |